



NEVADA STATE CONTRACTORS BOARD

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www.nscb.state.nv.us

REFERENCE CERTIFICATE

TO THE CERTIFIER: You must have direct knowledge of this individual's experience, and be able to certify that he or she has demonstrated a level of knowledge and skill expected of a journeyman or better. Journeyman is defined as a person who is fully qualified to perform, without supervision, work in the classification for which he or she is applying, or has successfully completed a program of apprenticeship approved by the state apprenticeship council, or an equivalent program accepted by the Board. **All portions of this form must be completed.**

I certify that I have personally known _____, and that I have direct knowledge of his / her experience that I have listed below
(print name of individual you are completing reference for)

**DESCRIBE IN DETAIL THE TYPE OF WORK PERFORMED BY THIS INDIVIDUAL AT THE LEVEL OF JOURNEYMAN OR BETTER. LIST SPECIFIC TRADES AND DUTIES.
PLEASE TYPE OR PRINT IN INK**

The above-stated work was performed from ____ / ____ / ____ to ____ / ____ / ____

Full-time Part-time (If part-time specify aggregate total _____ yrs _____ mos.)

Check the box that identifies the level that this individual worked at while performing the trade(s) or craft(s) listed above.

Journeyman Foreman Supervisor Contractor

Check the box that identifies your business relationship to this individual, at the time the experience was gained by them.

Employer Union Representative Building Inspector Engineer Architect Contractor
 Fellow Employee Other, specify relationship _____

IMPORTANT: You may be requested to provide documentation to verify all experience to which you are attesting. For your records, it is suggested that you keep a copy of the certificate(s) you have completed.

I certify under penalty of perjury to the truth and accuracy of the statements and information contained herein.

(Signature of the Certifier)

Number: _____ State: _____
(If you are a licensed/registered contractor, enter your license/registration number and state)

(Print name)

(Company or business you are affiliated with)

(Address – City – State – Zip)

(_____) _____
(Daytime Telephone Number)

(_____) _____
(Fax Number)

This Certificate Must be Notarized
Subscribed and sworn to before me this ____ day of _____, _____

Notary Public in and for County of _____ State of _____

